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Γ	File Number:			
L	85-00874			
Г	For the reporting period ended			
	December 31, 2001			
L				



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL				
OMB Number	3235-0337			
Expires:	July 31, 2003			
Estimated average burden hours per full response	6.00			
Estimated average burden hours per intermediate				
response	1.50			
Estimated average burden hours per minimum response	.50			

## **FORM TA-2**

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934  ATTENTION: INTENTION MISSTATEMENTS OR OMESIONS OR OF PURSUAND CONSTITUTE FEDERAL CRIMINAL VIOLATIONS See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)  Full name of Registrant as stated in Question 3 of Form TA-1: (Do not use Form TA-2 to change name or address)  Community Bank & Trust Company  a. During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent functions? (Check appropriate box)  Mame of Transfer Agent(s)  File No. (beginning with 84-or 85-)  PROCESSED  AUG U 5 2002  THOM SON  If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent to perform transfer c. agent functions?  If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (if more room is required, please complete and attach d. the Supplement to Form TA-2.)  Name of Transfer Agent(s)  File No. (beginning with 84-or 85-)			1011111172			
CONSTITUTE FEDERAL CRIMINAL VIOLATIONS  See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)  Full name of Registrant as stated in Question 3 of Form TA-1: (Do not use Form TA-2 to change name or address)  Community Bank & Trust Company  a. During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent functions? (Check appropriate box)  All Some X None  b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged:    Name of Transfer Agent(s)   File No. (beginning with 84- or 85-)						<u> </u>
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(Check appropriate box)  All Some X None  b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged:    Name of Transfer Agent(s)   File No. (beginning with 84- or 85-)	<u>C</u>	ommunity Bank & Trust Company		-, <u></u>		
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Name of Transfer Agent(s)  PROCESSED  AUG U 5 2002  THOM SON FINANCIAL  During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer c. agent functions?  Yes X No  If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (if more room is required, please complete and attach d. the Supplement to Form TA-2.)		All Some	X	None		
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C. agent functions?  Yes  X No  If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (if more room is required, please complete and attach d. the Supplement to Form TA-2.)						
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has been engaged as a service company to perform transfer agent functions: (if more room is required, please complete and attach d. the Supplement to Form TA-2.)		Yes X No				
Name of Transfer Agent(s)  File No. (beginning with 84- or 85-)	d.	has been engaged as a service company to perform				
		Name of Transfer Agent(s)			File No. (beginning with 84- or 85-)	
					,	
			<del></del>	<del></del>		
						—

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3. a.	Registrant's appropriate regula	atory agency	/ (ARA): (Check one box only.)	
	Comptroller of the Cur	rency		
	X Federal Deposit Insura	ince Corpor	ation	
	Board of Governors of	the Federal	Reserve System	
	Securities and Exchan	ge Commis	sion	
			trant amended Form TA-1 within 60 calendar days following the dat curate, incomplete, or misleading? (Check appropriate box.)	e on which
	Yes, filed amendment(	s)		
	No, failed to file amend	dment(s)		
	X Not applicable			
C.	If the information to subsection	n (b) is no, p	rovide an explanation:	
-	If the res	ponse to a	ny of questions 4-11 below is none or zero, enter "0".	
4. Nur	mber of items received for tran	sfer during	the reporting period:	66
			accounts, including accounts in the Direct Registration System r direct purchase plans as of December 31 -	567
	Number of individual securityh of December 31 -	older divide	nd reinvestment plan and/or direct purchase plan accounts as	0
C.	Number of individual securityh	older DRS	accounts as of December 31 -	1
	Approximate percentage of inc categories as of December 31		urityholder accounts from subsection (a) in the following	

Corporate	Corporate	Open-End	Limited	Municipal	Other
Equity	Debt	Investment	Partnership	Debt	Securities
Securities	Securities	Company	Securities	Securities	
		Securities			
100.00%	0.00%	0.00%	0.00%	0.00%	0.00%

6. Number of securities issues for which Registrant acted in the following capacities, as of December 31 -

a.	Receives items for transfer and
	maintains the master
	securityholder files.

- Beceives items for transfer but does not maintain the master securityholder files.
- Does not receive items for transfer but maintains the master securityholder files.

	Corporate Securities		Open-End Investment	Limited Partnership	Municipal Debt	Other Securities
	Equity	Debt	Company Securities	Securities	Securities	
	0	0	0	0	0	0
	0	0	0	0	0	0
er	0	0	0	0	0	0

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File #: 85-00874 7. Scope of certain additional types of activities performed: a. Number of issues for which dividend reinvestment plans and/or direct purchase plan services were provided, as of December 31 b. Number of issues for which DRS services were provided, as of December 31 0 c. Dividend disbursement and interest paying agent activities conducted during the reporting period: i. number of issues ii. amount (in dollars) 8. a. Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31 -Prior Current Transfer Agent Transfer Agent (if applicable) 0 i. number of issues 0 ..... ii. amount (in dollars) 0 0 b. Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2) c. During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)? Yes No 9. a. During the reporting period, has the Registrant always been in compliance with the turnaround time for routine items as set forth in Rule 17Ad-11? Yes No If the answer to subsection (a) is no, complete subsections (i) through (ii). i. Provide the number of months during the reporting period in which the Registrant was not in compliance with the turnaround time for routine items according to Rule 17Ad-2. 0 ii. Provide the number of written notices Registrant filed during the reporting period with the SEC and with its ARA that reported its noncompliance with turnaround time for routine items according to Rule 17Ad-2.

Community Bank & Trust Company

Name:

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10. Number of open-end investment company securities purchases and redemptions (transactions) excluding dividend,

interest and distribution postings, and address changes processed during the reporting period:

b. Number of transactions processed on a date other than date of receipt of order (as ofs):

a. Total number of transactions processed:

Name File# Community Bank & Trust Company 85-00874

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
N/A	N/A	N/A

b. Number of lost securityholder accounts that have been remitted to states during the reporting period:

0

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all of the information contained in the form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title:	urer
	Telephone number:	(603) 569-8400
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year)	
Gregory A. Roark	March 27	, 2002